

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **43115**

BLED JAN 2 1951

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| BIRTH NO. _____ | | REG. DIST. NO. <u>217</u> | | PRIMARY REG. DIST. NO. <u>3069</u> | | Registrar's No. <u>3070</u> | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2199 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 3601 Lindell Blvd; | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) EDWARD | | b. (Middle) J. | | c. (Last) BRAUER. | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH March 3, 1880 | |
| 9. AGE (In years last birthday) 70 | | 10. MONTHS 9 | | 11. DAYS 17 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President | | 10b. KIND OF BUSINESS OR INDUSTRY Brauer Bros. Mfg. Co. | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Theodore Brauer | | 13b. MOTHER'S MAIDEN NAME Amelia O'Keefe | | 14. NAME OF HUSBAND OR WIFE Ada Chamberlain Brauer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. — — | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Janis B. Caldwell, 811 W. 6th Street | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 30 min years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 42 mm | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>44</u> , to <u>Dec 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 17</u> , 19 <u>50</u> , and that death occurred at <u>11:25P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE L. C. Macdonald M.D. | | (Degree or title) | | 23b. ADDRESS 539 N. Grand | | 23c. DATE SIGNED 12-18-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 12-20-50 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. 12/19/50 | | REGISTRAR'S SIGNATURE Herbert R. Dombke | | 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd; | | | |
| | | | | ADDRESS St. Louis, Missouri. | | | |

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1956

Examiner's Signature
Notary Public State of Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Melvin L. Kemper

Signed

Student Embalmer

11-26-56

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, Mo*

11-26-56 Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.